

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **701775568**
APPLICANT(S)

FILED DATE

21/10/07

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/		/			
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50						
TOTAL IND.	<i>3</i>		<i>2</i>			
TOTAL DEP.	<i>20</i>		<i>27</i>			
TOTAL CLAIMS	<i>23</i>		<i>29</i>			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						